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# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 8600



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10 days

No. Hor

CERTIFICA	TE OF DEATH Reg. Dist. No. 402
1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Many County County City or town
3. (a) FULL NAME Clarence albert-action	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced while sexual	MEDICAL CERTIFICATION  20. DATE OF DEATH Clare 1947 1947 1947
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1947, to  1947, to  1 Immediate cause of death  DUR  Due to  1 Immediate cause of death  Due to  1 Immediate cause of d
16. Informant Malla Battana 1775  Address Chalula 77 - 201  17 Bunal Bate thereof 2/20/47  (Burial, cremation, or removal, Which)  Cemetery or crematury Chalulation Many Land	Autopsy results
18. Funeral director Maurin Vallague  Address Chestulom Many fand  19. Leb 19. 19. 4.7 F. W. Suistle  (Date rec'd by registrar)	23. SIGNATURE M. D. or opher Address Chalalatana: Date signed 15

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1. PLACE OF DEATH:

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.....

10. Usual occupation .... 11. Industry or business

> 13. Birthplace 14. Malden name. 15. Birthplace

Address

Address

13

Bunal (Burial, cremation, or removal, Which?)

1B. Funeral director.....

19. Tel, J. 5 (Date rec'd by registrar)

8. AGE:

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

5. Color or race

C

Mooths

(If ontside city or town limits, write RURAL and gr

6.(a)Single, married, widow

Widow

.6.(c) It elive, give a

(Town connty, and state)

If less than

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CI

CERTIFICAT	TE OF DEATH	Reg. Dist. No.	2020
d give nearest town)	Street No. 142	County Co	earest town)
Bugus		3. (b) Social Security	Number
vidowed, of divorced	MEDIC 20. DATE OF DEATH	CAL CERTIFICATION	7:00 Rm
ive age		19.47., to	eased from
That is bug	Due to	within 8 months of death)	
daughter) tester prof 2/25/47 orth) (day) (year)	Antopsy resulta	nse to which death should be charged	statistically.
Layland L. Barres Registrar	Injured at home, farm, Industry, public Means of Injury  23. SIGNATURE	place (where?)  Iplured at work?  M. D.  M. D.  Date signed.	or other

every item of information carefully. The WITH UNFADING INK. Supply ever important. Physiclans: please write WRITE PLAINLY, WITH UNF is especially important. PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State hary laws county Kent
City or town	
10	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospilal, Institution, or street address where death occurred:	Street No. Gallen
Lavens	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henriette Chawler	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
lem. Wh. married	20. DATE OF DEATH Folgrany 27 1947, at 1 P. M
In ext Chandlon-	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Flyacy 6 1947 to Fel 27 1947
7. Birth date of	and that t last saw h 22 alive on fell ZO 19 47.
deceased (mo., day, yr.) Last 9 1881	Immediate cause of death
8. AGE: Years Months Days If less than one day	to an - line laifus
66 / 18mtn.	
- //	
9. Birthplace	Due to desor levo - mg occos Cell
	,
10. Usuat occupation. House work	Due to.
	DUC 10
11. Industry or business	000000000000000000000000000000000000000
12. Name Paul Vor Oringer  13. Birtholace Germans	Other conditions Julian Cara Cara
X 13. Birthplace Germany	(Include pregnancy within 3 months of death)
Helen Gench	(Include pregnancy within 5 months of death)
14. Malden name.	Major findings of operations
E 15. Birthplace 7 erus any	Date of op
16. Informant Jawa Chamber	Autopsy results
10. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rockitals Mr	22. VIOLENCE: If death was due to external causes, ftil in the following:
(Rurial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (yeur)	
Cemetery or crematory. Wesley Chapel	Where did injury occur? (City or town) (County) (State)
Rock youde and.	tnjured at home, farm, industry, public place (where?)
Location P	Means of Injury Injured at work?
18. Funeral director Lague L. Lane	
Address Colonich Itiel Md.	22 SIGNATHIE albert a Burgard
2/25 14 /5/ ~12	23. SIGNATURE M. D. or other
19. 2 19 47 S. Maron J. Date rec'd by registrar	Address Rochtell M. Bate signed 2/28/47
(Date rec d by registrar)	Addition



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-04

# CERTIFICATE OF DEATH



Rog. Diat. No. 2020

01761

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State Mary Pages County Kell		
How long in above place of dealh?	City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealing.  Hospital, institution, or street address where death occurred:			
Keek and Onem amy Donard Hors.	Street No. (If roral, tive LOCATION)		
How long in hospital or institution?	2.(d) If veteran, name war		
3. (a) FULL NAME			
	3. (b) Social Security Number		
george idvard luxou			
4. Sex 5. Color or face 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W SIN-2LE	20. DATE DE DEATH RELYMANY 1 19 47 at 4 10 HM		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	1/29 18.47 to 4/1		
7. Birth date of	and that f last saw h		
deceased (mo., day, yr.) au 27 1941	Immediate cause of death		
8. AGE: Years Months Bays If less than one day	us acranial hemorrhage		
8. Birthplace Lay Vistoria Mil	Due to		
8. Birthplace (Town, county, and state)			
10. Usual occupation	Due to.		
11. Industry or business	900 (0		
= 12 Name Williams ollo Caron	Dither conditions		
12. Name Villiaus Ollo Caxon  13. Birthplace Ballymore, Mcl			
	(Include pregnancy within 8 months of death)		
14. Malden name M. Vauline Willheim	Major fiodings of operations		
14. Maiden name M. Pauline Willheim Ballimore, Mrs.	Date of op.		
18. Informant Was O Caxon	Actorsy results.		
Address Rock Hall, W.L.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
12, A.N. 1 2, 19, 7	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Wesley Chapsel	Where did injury occur? (City or town) (County) (State)		
On Man Man Man Man Man Man Man Man Man Ma			
Location Local Fall	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Allis Willis Wills	Means of Injury Injured et work?		
Address Blester town and	and AAR		
200	23. SIGNATURE CLIETT U DUNG ON ON D. OT OTHER		
(Data ree'd by redistrar)  (Data ree'd by redistrar)	Address RockHall, M. C. Bata clared 2/1/47		

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19. UNDERTAKER (Address)

PA.	SIAIL OF I	MARYLAND—	CERTIFICATE OF DEATH 01762
OCCUPA	16- 1-		330 2080
00			Registration Dist. No.
4	Village or City Morton and	vilemans	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
10	Length of residence in city or town where death occ		ds. How iong In U.S. if of foreign birth?yrsmosds.
statemen	2. FULL NAME Elizabeth	marie Was	LyIf U. S. Veteran, specify WAR
ate	(a) Residence: No.		St., Ward.
		Jsual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5		GLE, MARRIED, WIDOWED, DAVORCED (write the word)	21. DATE OF DEATH
i	temale corea	Suigle	(Month) (Day) (Yeer)
	5e. If married, widowed, or divorced HUSBANO of		22. I HEREBY CERTIFY, Thet I ettended deceased from
	(or) WIFE of		7126 16M1947, 10 77 40 1 7 1947
classified.	6. DATE OF BIRTH (month, dey, and year)	-181946	Hast saw h & Jaive on # 4 45 17 19 47 death is seid
property certificate.	7. AGE Years Months	Deys   if LESS then	to have occurred on the dete steted above, at 5 P m.
ertifica	2 ,	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
_	8. Trede, profession, or perticular	Y Viceocoalliid.	Intestinal Talsuhty: Oate of onset
back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
	SAW MILL, BANK, etc	11. Totel time (years)	
on s	o this occupation (month end	spent In this	
	-11 +	2.1.0	Other Contributory Causes of Importance:
nct	12. BIRTHPLACE (city or town) (State or country)	and and	Cart Cald
instructions	13. NAME aldridge h	losses	and or
e ir	I /h	n Worlow md	No. of a section
See	14. BIRTHPLACE (city or town) Colonian (State or country)	· land	Neme of operation Dete of What test confirmed diagnosis? Was there en eu'opsy?
+	E 15. MAIOEN NAME Some &	24.01	
tan	I	7 3	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
important.	o 16. BIRTHPLACE (city or town) Colema (State or country) manual	no & renderstud	Where did injury occur?
	ald de de	7-12	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
very	17. INFORMANT Address) Code To The The	1. C. Almana	opening minutes injury occurred in incoording, in nomice, of introduct place,
	18. BURIAL, CREMATION, OR REMOVAL		Menner of Injury
N.	Piece Collmans Date	- reb 19 , 19 46	Neture of injury
TION	19. UNDERTAKER BROTELLOW	A	24. Was disease or injury in any way releted to occupation of deceased?
4	(Address)		If an appaign

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed).

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	·	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		La Victoria de la Companya de la Com		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2-3-1

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-8

01764

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2010

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
City or town.  (If outside city or town limits, write RURAL and give nearest town)	(For newborn infauts give residence of mother)  State County Coun		
How long in above place of death?	City or town		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number 2/8-16-91/1,		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced  Warred  Married	MEDICAL CERTIFICATION  20. DATE OF DEATH		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.)	and that I last saw h All alive on		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
66 10 6hrsmin.	Endo Cardilia		
9. Sirthplace	Due to Improvo.		
10. Usual occupation.	Due to		
11. Industry or business			
12. Name	Other conditions Armee Grange Miner		
14. Maiden name. Machael Sisama.	(Include pregnancy within 8 months of death)  Major findings of operations.		
15. Birthplace mary Land.	Date of on		
16. Informant	Autopsy results		
Address  17. But Date thereof (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Still Fand and	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address Stall Fand Visit	400000		
3/2 12 Mld 212	23. SIGNATURE M. D. or other		
19. (Date ree'd by registrar) Registrar	Address Steel Prond Date signed 2 - 28-47		

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#### MARYLAND STATE DEPARTMENT OF HEALTH



# CERTIFICATE OF DEATH

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Reg. Dist. No. 203

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
Sec.	surelace County Keest		
City or town (If outside city or town limits, write RURAL and give nearest town)	Way V Nace		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
notified in the second	Street No. June Michael Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Collegue Thaward /Ce	udale 213-14-1569		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white Divorces	20. DATE OF DEATH Tubusus 19 1947 at 600 M		
8.(6) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that Atlended deceased from		
	18th, 10 18th		
7. Birth date of deceased (mo., day, yr.) October 10 - 1896	and that I last saw harmalive on 1967		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
50 4 9nin.	Coronana Throndond.		
8. Birthplace Lung Keek Must Co	Due to.		
(Town, county, and state)			
10. Usual occupation. Wales man	Ove to alle w Role serie		
11. Industry or business	- A		
12. Name Astelledy T. Culall	Other condition and I have the lease fact for		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name Madding Waltelde Manadere	Major findings of operations		
\$ 15. Birthplace Heart Go			
16. Informan Rales Elizabeth White	Antopsy results		
Address Coest Nace med	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Bush Date thereof Z - 23-4)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Assume Hall Just	injured at hongy farm, industry, public place (where?)		
18. Funeral director. Algan dave	Means of District Medical Marines army "		
Address Charles Kelf had	Franker That		
1/22 100 85/100	23. SIGNATURE M. D. or other		
19	Address Chuchalana Date signed 20/4		

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-7

## CERTIFICATE OF DEATH

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	108. 210. 10. 110. 110. 110. 110. 110. 110.		
1. PLACE OF DEATH: #	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fog newborn infagts give residence of mother)		
County			
City or town	State		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospifal, institution, or street address where death occurred:	Street No.		
11 sch /fall	Street No		
How long In hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Coleman Wen	ch -		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
1- W manual	20. DATE DE DEATH Feb. 23 19 47 at 1/1.45"		
8.(6) Name of husband or wife. Harry D. Mussely	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jan 29 1847, 10 Feb 23 1947		
7. Birth dafe of 11 11 11 11 11 11 11 11 11 11 11 11 11	and that I last saw h. Com. alive on down 2/11 1847		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
4/4 // 7	aciti carviac failure		
73 //hrsmin.	Elman Redo-Regoverdilii		
9. Birthpiace total fall Mlling lived (Toyh, county, and state)	Oue to Miffest Lese sie		
10. Usual occupation homeunte	Recommend of Table		
	Due to Meganiay (6 Bis).		
12. Name Marion Coliman  13. Birtholace Port Hall	Other conditions		
13. Birthplace   Cold Total	(Include pregnancy within 8 months of death)		
14. Maiden name. Cla Say lor	Major findings of operations.		
15. Birthplace, Worton Kent Co, Med.	Dafe of op.		
18. Interment Mr. Hans D. Munch	Antopsy results.		
Address Roch Hall Man land	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
2 . 1	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Buriel, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremetory Wesley Chabet	Where did injury occur? (City or town) (Connty) (State)		
Balant an made			
Location Location	Injured af home, farm, Industry, public place (where?)		
18. Funeral director Against Lauring La Williams	Means of Injury Injured af work?		
Address Chestulown, Maryland	23 SIGNATURE Geberta Burgard		
10 2/25 10 47 S. Elwood Bruges.	M, D, or other		
19	Address Rock Hall, Had Bate signed 2/24/4)		

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15. Birthplace 16. Informant Address

Cemelery or crematory

19. Fel 3 (Date rec'd by registrar)

Location

Address

17. (Burial, cremation, or removal. Which?)

age is shown on 2411 N. Char	EPARTMENT OF HEALTH les St., Baltimore TE OF DEATH
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HON (For newborn infants give resid State City or town (If outside city or tow Street No
Benjuan Myrel	
6.(b) Name of husband or wife 1 8.(c) If alive, give age	20. DATE DF DEATH
8. AGE: Wears Months Bays If less than one day	Due to.
10. Usual occupation	Due to
13. Birthplace of what the lead	(Include pregnancy wi

01766

CERTIFICAT	Reg. Dlst. No.
ite RUBAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
will	3. (b) Social Security Number
Single, married, widowed, or divorced	ANTINION CORPORATION
Lotan	MEDICAL CERTIFICATION  20. DATE DF DEATH 19 19 19 19 19 19 19 19 19 19 19 19 19
hermi Ograti	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
years	and that Tast say h alive on
tf less than one day	Immediate cause of death Duration
ll laut 6 lus	Due to Day of Land
nd atate)	
to he	Due to
we le wed	Other conditions
a Loon	(Include pregnancy within a months of death)  Major findings of operations.
sil \	Antopsy results. Date of op.
ll lee	PHYSICIAN: Please underline the cause to which death should be charged statistically.
thereof (month) (day) (yenr)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
hapel .	Where did injury occur? (City or fown) (County) (State)
P	Injured at home, farm, Industry, public place (where?)
ma	23. SIGHTURE WY MEN HOLLES. Reel
Zlwood Juness Registrar	Address 1. 10 73 75 100 Date signed 26 27

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

#### CERTIFICATE OF DEATH

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OF.	DISC.	INO.			.177	44.00

1. PLACE OF DENTH: Coulty County Coun	ł	CERTIFICAT	E OF DEATH	Reg. Dist. No
Eity or town letter details the process of the state of t		- llevel	2. USUAL RESIDENCE (HOME) OF Cor newborn infants give regidence of a	DECEASED:
bow long in assets place decreases where death occurries  Were long in hospital or institutions?  3. (a) FULL MARK.  Street No. (if rural, give LOCATION)  2. (a) it relevan, name war  3. (b) Social Security Number  10. Decrease of the street street states and a street street states. That is jurisd decreased to no.  20. BATE OF DEATH  21. IteRITE's that death occurred on the date above states; that is glunded decreased to no.  22. Death of the street states. That is glunded decreased to no.  23. AGE: Tear Rooths Day: It less than one day  10. Usual eccepation.  10. Usual eccepation.  11. Internant Control of the street states. The street states and that is street states. The street states are street states. The street street states are street states. The street states are street states. The street street states are street states. The street street states are street states. The street street street states are street street street street. The street street street street street street street. The street s		City or town ( Mustula es 2)	1 11/20	nty Cell
Street No. (If curst, give LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  NONE  5. Solut or rece  6. (c) Singu. married, widered, or directed  18. (c) Hame of horband or with  8. (c) Hame, give age.  7. Burth date of deceased (no. darpers)  6. (c) Hame of horband or with  8. (c) Hallen, give age.  7. Burth date of deceased (no. darpers)  8. AGE: Very  8. Burthplace  19. Was been and states  19. Was been a			City or town (if optimize city or town limits.	, write RURAL and give nearest town)
See long in bappital or institution?  3. (a) FULL MANE  3. (b) Social Security Number  A. Sex  5. Color or race  6. (c) Single, marries, wideverf, or divorced  MEDICAL CERTIFICATION  20. DATE OF DEATH  19. Married after at deceased con., darpray of the same and that I leat now here.  8. (c) If allow, give age.  7. Birth date at deceased con., darpray of the same and that I leat now here.  8. AGE: Year Monits  8. AGE: Year Monits  10. Usual occupation.  11. Industry or business  11. Industry or business  11. Industry or business  11. Industry or business  12. Birth place  13. Birth place  14. Maiden named and angle at large and and angle		Hospital, Institution, or street address where death occurred:	Street No Local Man	CRR
3. (a) FULL NAME  1. Strip of the strip of t				
4. Sex   5. Color or race   5. C	۱		2.(a) tt veteran, name war	
4. Set   5. Color or race   6.(a)Single, married, widowed, or divorced   MEDICAL CERTIFICATION    8. (b) Name of hurband or with   19.	ı	3. (a) FULL MAME		
8.(6) Name of hurband or with  8.(6) Name of hurband or with  8.(6) If allies, give age  7. Burish date of deceased (mo., daypers)  8. AGE: Years Months  9. Birthplace  10. Usual occupation.  11. industry or business  11. Birthplace  12. Rame  13. Birthplace  14. Maiden named and authors and states  15. Birthplace  16. Informant Agents  16. Informant Agents  17. Burish  18. Burish  19. Land  1	١	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Cly Officer of	
8. (c) Name of husband or with  1. Birth date of deceased (mo. dayper)  2. Birthplace  2. Birthplace  3. AGE: Vears Months  4. Birthplace  5. Birthplace  5. Birthplace  6. (c) If alive, give age  7. Firth date of deceased (mo. dayper)  6. (c) If alive, give age  7. Firth date of deceased (mo. dayper)  6. (c) If alive, give age  7. Firth date of deceased (mo. dayper)  8. AGE: Vears Months  8. Birthplace  6. (c) If alive, give age  7. Birth date of deceased (mo. dayper)  8. AGE: Vears Months  8. AGE: Vears Months  8. Birthplace  6. (c) If alive, give age  7. Firth date of deceased (mo. dayper)  8. AGE: Vears Months  8. AGE: Vears Months  8. AGE: Vears Months  9. Birthplace  10. Usual occupation.  11. Industry or business  12. Name  13. Birthplace  14. Matteen named deceased from  15. Birthplace  16. Informant  17. Industry or business  18. Birthplace  19. Address  19. Address  19. Address  19. Address  19. Address  19. Address  10. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name  13. Birthplace  14. Matteen named deceased from  15. Industry or business  16. Informant  17. Industry or business  18. Funeral director.  19. Address  1		Leusle white wided		
Second constant of the second constant of t		6.(b) Name of husband or wife sach Skrileg.	21. I CERTIFY that death occurred on the date above	re stated; that I attended deceased from
and that I last saw hot.  8. AGE: Years Months Days If less than one day  10. Usual occupation.  11. Industry or business   12. Name.  13. Birthplace  14. Maiden name of death  15. Birthplace  16. Informant  17. Burial  18. Purial  19. Date thereof Feb. 15, 194  19. Cemetery or cremator, or removal, Which?)  19. Cemetery or cremator, or removal, Which?)  10. Usual occupation.  11. Industry or business   12. Address  13. Girthplace  14. Maiden name of death and the control of death of the conditions   15. Informant  16. Informant  17. Burial  18. Funeral director   19. Wesley Chapel   20. Willis Wells  21. Many land  22. Signature  23. Signature  24. Signature  25. Total   26. Total   26. Total   27. County   28. Injured al wer?  19. Means of Injury  19. Signature  29. Signature  29				
S. AGE: Years Months Days If less than one day    S. Birthplace		1. Birth date of	//	/
S. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business (Town, county, and state)  12. Hame.  13. Birthplace (Inclinde pregnancy within 8 months of death)  14. Maiden name of operations.  15. Birthplace (Inclinde pregnancy within 8 months of death)  Major findings of operations.  16. Informant (Inclinde pregnancy within 8 months of death)  Major findings of operations.  17. Burial (Inclinde pregnancy within 8 months of death)  Major findings of operations.  18. Informant (Inclinde pregnancy within 8 months of death)  Major findings of operations.  Major findings of operations.  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at year?  23. SIGNATURE (State)  24. SIGNATURE (State)  25. SIGNATURE (State)  26. SIGNATURE (State)  27. SIGNATURE (State)				DURATION
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)  11. Industry or business (Town county, and state)  12. Name (Incindo pregnancy within 8 months of death)  13. Birthplace (Incindo pregnancy within 8 months of death)  14. Mailen name (Incindo pregnancy within 8 months of death)  15. Birthplace (Incindo pregnancy within 8 months of death)  16. Informant (Incindo pregnancy within 8 months of death)  17. Burial (Incindo pregnancy within 8 months of death)  18. Informant (Incindo pregnancy within 8 months of death)  19. Autopoy results.  PHYSICIAN: Please auderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing; (Incindo pregnancy within 8 months of death)  19. Autopoy results.  PHYSICIAN: Please auderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing; (Incindo pregnancy within 8 months of death)  19. Autopoy results.  PHYSICIAN: Please auderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing; (Incindo pregnancy within 8 months of death)  19. Autopoy results.  PHYSICIAN: Please auderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing; (Incindo pregnancy within 8 months of death)  19. Autopoy results.  PHYSICIAN: Please auderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing; (Incindo pregnancy within 8 months of death)  19. Autopoy results.  PHYSICIAN: Please auderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing; (Incindo pregnancy within 8 months of death should be charged statistically.  23. SIGNATURE (Incindo pregnancy within 8 months of death should be charged statisti		92 0 1/hrsmin.	end	
Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Hame		1 1		
Due to.  11. Industry or business  12. Name		9. Birthplace (Town, county, and state)	Due to	
12. Name   Dither conditions   Dither condit		1D. Usual occupation.		***************************************
12. Name   Dither conditions   Dither condit		11. Industry or business	Due to	
14. Malden name   14. Malden name   15. Birthplace   16. Informant   16. Informant   16. Informant   17. Burial   17. Burial   18. Feb. I5. I94   19. Gemetery or crematory, or removal. Which?   19. Cemetery or crematory   19. Wesley Chapel em.   19. Cemetery or crematory   19. Formal director   19. Willis Wells   19. Formal director   19. Willis Wells   19. Signature   19. Sign			Pahan and talena	
14. Malden name   14. Malden name   15. Birthplace   16. Informant   16. Informant   16. Informant   17. Burial   17. Burial   18. Feb. I5. I94   19. Gemetery or crematory, or removal. Which?   19. Cemetery or crematory   19. Wesley Chapel em.   19. Cemetery or crematory   19. Formal director   19. Willis Wells   19. Formal director   19. Willis Wells   19. Signature   19. Sign		13 Birtholace Mart Ca me	braer conditions	
Major findings of operations.   Date of op.	ĺ	M (61 1 11 19 V)	(Include pregnancy within 8 m	onths of death)
Actopsy results.    Autopsy results.   Physician: Please auderline the cause to which death should be charged statistically.			Major findings of operations	
Address Chestertown, Maryland  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  23. VIOLENCE: If death was due to external causes, fill in the tollowing;  24. Coldent, suicide, or homicide	l	* 15. Birthplace Tuest & .		Date ot op
Burial  Burial  Bate thereof Feb. I5. I94  Cemetery or cremation, or removal. Which?)  Cemetery or crematory Wesley Chapel em.  Location Near Rock Hall Maryland  18. Funeral director J. Willis Wells  Address Chestertown, Maryland  Address Chestertown, Maryland  22. ViOLENCE: If death was due to external causes, fill in the toilowing:  Accident, suicide, or homicide	I	16. Informant 1233 MALLIN Janana		
Cemetery or crematory   Wesley Chapel   em.   Country	i	Address Cheefelowx. med	PHYS1CIAN: Please auderline the cause to whi	ch death should be charged statistically.
Cemetery or crematory. Wesley Chapel em.  Location N.ear Rock Hall Maryland   Injured at home, farm, industry, public place (where?)    Means of Injury   Injured at west?    Address Chestertown, Maryland   23. SIGNATURE   23. SIGNATURE   23. SIGNATURE   23. SIGNATURE   23. SIGNATURE   23. SIGNATURE   24. SIGNATURE   24. SIGNATURE   24. SIGNATURE   24. SIGNATURE   24. SIGNATURE   24. SIGNATURE   25. SIGNATURE   26. SIGNATURE	I			
Location N.ear Rock Hall Maryland Injured at home, farm, industry, public place (where?)  18. Funeral director J. Willis Weils  Address Chestertown, Maryland  23. SIGNATURE	ľ	(month) (day) (year)		
Location Near Rock Hall Maryland Injured at home, farm, industry, public place (where?)  18. Funeral director J. Willis Wells  Address Chestertown, Maryland  23. SIGNATURE	ľ	Cemetery or crematory Wesley Chapel em.	Where did injury occur?(City or town)	(County) (State)
18. Funeral director J. Willis Wells  Address Chestertown, Maryland  23. SIGNATURE January Injured at west?	ł	Location Near - Rock Hall Maryland		
Address Chestertown, Maryland 23. SIGNATURE Frankle Trucks			Means of Injury	Injured at west?
23. SIGNATURE	-		01	7/11
19. That 14, 19.47 Clara X. Barnes Elusledson Bar offer (Date red by registrar)  Registrar Address Elusledson Bate clarad / 3/47		- 1 1	23. SIGNATURE	mule
		19. Telt 1 4 19.47 Clara X, Barnes Registrar	Address Chudeles	M. D. or other  Rate elegand / 1.3 / 945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

ect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

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#### CERTIFICATE OF DEATH

11/62001

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Menty	(For newborn infant give residence of mother)
No malli	Slate Cflity
City or town	City or town / Muraf Mellington
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hespital or instilution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Laudinia W. Sum	000
4. Sex 5. Color or rage   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
Temale White Married	20. DATE OF DEATH 10 Feb 1947, 218 30A.
neville line	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
8,(b) Name of husband or wife	March 1846, 10 , 10 Feb 1847
	···· years
7. Birth date of deceased (mo., day, yr.) now. 7/89/	and that I last saw h. C.Xalive on
	Immediate cause of death
8. AGE: Years Months Days If less than one day	Premary Carcenous /2 mo
66 31 5hrs.	min. O Hall Bladder
Phila Pa.	Due to
6. Birthpiace (Town, county, and state)	
Housewill	
1D. Usual occupation.	Oue to
1t. Industry or business	
12 Name alexander mac was	Other conditions
E L. Halle	
13. Rirthplace	(Include pregnancy within 8 months of death)
14. Maiden name Matilda Eighter  15. Birthpiace Phila, Ca.	Major findings of operations I Musey Ca & S. B. Will exount
of as Blotherine Phila Sa	Tuto liver and Parcreas Date of op. 17 Nov 1946
15. Birthpiace Mula, ga.	WILO
16. Informant William Ilmon	Autopsy results
Address Rural millington 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busil 15 11	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (month) (day) (year	
Cemetery or crematory	Where did injury occur?
Willington Mrs.	Injured at home, farm, Industry, public place (where?)
Location	Moans of Injury Injured at work?
18. Funeral director. 6 dward fillowt	
Millington M	Michael Rowano Kon
Address //www.	23. SIGNATURE // LICLIA PALLO GUEZO MA
Feb. 12 147 Edward Fello	ws An I Oal M. Johnson
(Date rec'd by registrar)	egistrar Address Cay On Date signed J. J. J.



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PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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01769 Reg. Dist. No. 2020

## CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH: Cent			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	r - Ches	terto	VM.	State Maryland County Caroline			
(11 0	Braide city of town i		URAL and give nearest town)	Situ or town Denton			
How long in above place	of death?ab	out I	week	City or town Denton (If outside city or town lim	its, write RURAL and give near	rest town)	
Hospital, Institution, or				Street No.		ghgh	
R.	· F · D	•••••		(If rural, gi	ive LOCATION)		
How long in hospital or	Institution?		······	2.(a) If veteran, name war		***************************************	
3. (a) FULL NAME					3. (b) Social Security ?	Vumber	
	Cathar	ine J.	Stouffer		none		
4. Sex	5. Color or race	6.(a)Singt	Stouffer e, married, widowed, or divorced	MEDICAL O	CERTIFICATION		
female	white	w:	idowed	20, DATE OF DEATH Jelena	- 15. 194 T.	at 11.30	
			SVII	21. I CERTIFY that death occurred on the date a			
6.(b) Name of husband	or wife	hall	Struffer	Setreman 10 1			
***************************************			c) If alive, give ageyears	and that I last saw her alive on	2	19.	
7. Birth date of deceased (mo., day, y	Sept.	TO T	1858				
8. AGE: Years		Days	If less than one day	Immediais crase of death	16.	OURATION	
88		5	hrs min.		Jasculas	1941	
9. Birthplace	arvland			Due to.			
9. Birthplace	(Town,	county, and	ntate)	Due to	) *** *** *** *** *** *** *** *** *** *	***************************************	
fD. Usual occupation	house	vife					
11. Industry or business				Due to		***************************************	
		1 1 1					
			) <b>A</b>	Dther conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********************	
201	Maryland	1		(Include pregnancy within	3 months of death)		
14. Maiden name (5. Birthplace	Nellie	Unk	anowa	Major findings of operations			
LOW (5 Birthniaes	unknov						
-1 15. Birtinplace			(2				
			(daughter)	PHYSICIAN: Please noderline the cause to		statistically.	
Address Ches	stertown.	Md.					
. Burial		Date thee	Feb T8 T94	22. VIOLENCE: If death was due to external c			
Burial, cremation,	or removal. Which?	) Date ther	eof Feb. 18 194	Accident, suicide, or homicide	Date of		
Cemetery or cremato	yChesi	ter Ce	m.	Where did injury occur?(City or town	(County)	(State)	
LocationCh	esterto	m. Md		Injured at home, farm, Industry, public place	(where?)		
			lls	Means of Injury	Injured at work?		
	Chestert			7 - 11	1) Tauith		
4 4	9.	,	1	23. SIGNATURE	M. D. o	r other	
19. The last of th	19.4.7	Lik	lain & Banks Registrar	Address Charlesland	· RR Date signed	/17/47	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

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## CERTIFICATE OF DEATH

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1	-			71	0
A CONTRACTOR	Reg.	Dist.	No		

1. PLACE OF DEATH: Kent	(For newborn infants give residence of mother)
Rock Hall	State Md. county Kent
City or town	
How long in above place of death? 2.7 V.T.S.a	City or town. Rock Hall (If ontside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No
How long in hospitat or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William A. P. Strang  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	218-20-5260
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH JE6 4 1947, at 15 30 M
B.(b) Name of husband or wife Estelle Biddle Strang	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) Name of husband or Wite	Jan 1 1947, 10 26 4 1947
7 Right date of	and that I last saw have allye on Jeb 47
deceased (mo., day, yr.) Jan. 29, 1867	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Coma 1 Koy
80 0 6min.	7
9. Birthplace White Plains, New York (Town, confty, and state)	Due to My cordates 8 Lays
1B. Usual occupation. Teacher	Due to arteris solvions
11. Industry or business Public Schools	
	Dither conditions.
12. NameUTIKTIOWII	Direct Conditions.
	(Include pregnancy within 8 months of death)
불 14. Malden name ? Browne	Majur findings ul uperatiuns
14. Malden name Browne Browne unknown	Date of op.
16 Interment Mrs. Wm. A. P. Strang (wife)	Autupsy results
	PHYSICIAN: Please underline the cause to which death should be charged statisticalty.
Address Rock Hall, Md.	22. VIOLENCE; If death was due to external causes, fill in the tollowing;
Burial Bate thereof Feb. 7, 1947 (Borial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. Chester Cemetery	Where did Injury occur?
Location Chestertown, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director J. Willis Wells	Means of Injury Injured at work?
Address Chestertown Md.	Alt. Sin bear
	23. SIGNATURE M. D. or other
19. The Tanger of the Control of the Control of The Registrar	Address Bate signed TV 47
(Date rec'd by registrar) Registrar	Address Date signed

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FEB 10 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

County Kent	(For newborn infants give residence of mother)  state Maryland county Kent		
City or townPineyAecknearRock.Hall	City or town Near - Rock Hall  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ella C. Ward  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white widowed	20. DATE OF DEATH February 22 1947 21 7 40 M		
6.(b) Name of husband or wife John Ward	21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from		
0.6316.18	Vefeteriber 1945 10 Flowary 2219 47		
7. Birth date of deceased (mo., day, yr.) July 14, 1869	and that I last saw h		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death. OURATION Chr on Eur On The ocar Vilia		
77 7 8min	= how Bouchilis		
9. Birthplace Kent Co. Maryland (Town, county, and state)	Due to Bronze Desire of any		
Housewife			
10. Usual occupation	Due to Fell (leaster disease)		
11. Industry or business	-		
12. Name Joseph Ashley 13. Birthplace Maryland	Other conditions		
~	(Include pregnancy within 3 months of death)		
14. Malden nameMary A. Grant	Majur findings of operations.		
15. Birthplace Maryland	- Oate of op		
16 Informant Mr. Wilson Ward (son)	Autupsy results		
Address Rock Hall, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Bate thereof Feb. 24 I94' (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Wesley Chapel Cem.			
	The second secon		
Location Rock Hall, Md.	Means of Injury Injured at work?		
18. Funeral director J. Willis Wells			
18. Funeral director			
Address Chestertown, May Survey Brugs	23 SIGNATURE accord a Burgard		



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH



01772 Reg. Dist. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	14.
City or town. (if outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Kent and once Chines No portal	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Robert C	100 Kg
4. Sex 5. Color or race, 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MAle White Married	20. DATE OF DEATH Tolorum 15 19 47 17 PM
MAN E. YOUNG	21. I CEBTIFY that death occurred on the date above Pated; that Lattended deceased from
B.(O) Name of nuspand of wite.	Teb. 8 1947 10 teb. 15 1947
7. Birth date of years	and that I last saw him A alive on teb. 15 19 47
deceased (mo., day, yr.) Oct. 21, 1860	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Arterioscierosis OANSMARE Docas
86 3 13min.	or lect lower 180
9. Birthplace	Due to Artorise Jords 55 Dewera) Dycard
11. 0. 1	
10. Usual occupation	Due to
11. Industry or business	
12. Name	Dther conditions
13. Birthplace 2 Mary Land	(Include pregnancy within 3 months of death)
# 14. Maiden name Maria Rosso	(Include pregnancy within 3 months of death)
3 04	Major findings of operations.
E 15. Birthplace Maryiana	Date of op.
16. Informant. Charles	Autopsy results
Address Clastertown, luc	
17 Burial Date thereof Tell 18 194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Still Found red	Injured at home, farm, industry, public place (where?)
12 R CIVATAMINA	Means of Injury Injured at work?
1B. Funeral director	005-115
Address Stell Ford and	23. SIGNATURE COLOCICE, UCO!
19. Feb. 18 19. 47 Clara S. Barres Registrar Registrar	Address Opastrotown, lld Bit Signed 2-15-47

HILLIAN SO THERETAKE IN STATE OF APPEAR

HIERATES ST SHATTER SHREETEN

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